PROCREATIVE BENEFICENCE

In defence of Procreative Beneficence

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Why potential parents should select the best child of possible children, and the necessity of a dialogue about the context of a reproductive decision.

The principle of Procreative Beneficence is the principle of selecting the best child of the possible children one could have. This principle is elaborated on and defended against a range of objections. In particular, focus is laid on four objections that Michael Parker raises: that it is underdetermining, that it is insensitive to the complex nature of the good, that it is self-defeating and that it is overly individualistic. Procreative Beneficence is a useful principle in reproductive decision-making. It is necessary to be more active in making selection decisions about what kind of child to have.

Parker[1] raises four objections to the principle of Procreative Beneficence ***(see page 279)***. I will address these in turn.

(1) Procreative Beneficence is underdetermining

Parker claims that Procreative Beneficence is underdetermining. By ''underdetermining'', he means that the principle will not give clear and determinate answers as to which lives are better or best. Parker argues that ''ranking possible lives as ''better'' or ''worse'' is ''highly problematic''.

Ranking lives is a very complex matter. Let us distinguish between:

- the value of a whole life and
- the value of an individual feature of a life (eg, being short, having red hair, having a gene for baldness, and so on).

We should also distinguish between valuation ex ante (prediction of the value of a whole life or feature) and ex post (retrospective evaluation of a whole life or feature). In Procreative Beneficence, I likened genetic testing to playing the wheel of fortune.[2] Just because we have a weak chance of winning, does not mean we should not play the game. The only reason not to play a game that has a prize is if the costs of playing are too high. I accepted the assumption that genetic tests might only be weakly predictive of traits that are only correlated with a higher chance of having some valuable property, such as being less likely to have a disease. Another valuable property is having some ability. When deciding to use a genetic test for a gene, we are only making a decision about whether it is better to have that feature or not. We are making an ex ante trait evaluation. We are not evaluating a whole person. These evaluations may come apart. A person with an ability may still have a bad life, as there are many other factors that make a person's life go well. The most talented painter might have his hands cut off by a rogue farm machine.

Indeed, a trait that is generally good may itself contribute to a person's life going badly. Buchanan *et al*[3] provides the example of Cynthia, who uses her powers of empathy and her ability to understand other people's feelings to con them.[3] Imagine that Cynthia, as a result of having the power and exercising it in this way, ends up in jail, miserable and abused. We could plausibly say that she would have been better off without this ability. This is an ex post evaluation of the trait. Just because a trait *might* be bad for someone and be abused does not imply that we would not want our children to have that trait or we should leave it to chance. Despite the possibility of Cynthias, it is rational to want our children to be empathetic. Empathy is, on balance, likely to be a good thing for a person to have. It is arguably a precondition of being a moral person.

Moreover, we can grant, for argument's sake, Parker's claim that it is difficult to evaluate a whole life as better or worse than another life. Smith gets cancer and dies a slow painful death at the age of 78 years. Jones dies of a sudden heart attack at 72. Whose life was better? Indeed, it is hard to say, even if we knew more details, or all the details. Nonetheless, we have a reason to prefer an embryo that does not have a gene predisposing it to heart disease or cancer over ones that have these genes, other things being equal. And we have reasons to prefer embryos with abilities rather than disabilities. The reason is given by the badness of heart disease, cancer or disability. That is the reason for couples preferring not to have children with diseases or disabilities. Even if we cannot know the value of a whole life, we can know that conditions are good or bad, and this provides a reason to prefer to bring children into existence without those conditions. Indeed, all we can do in the world as it is to try to make our and our children's lives go well, because we are not gods and we cannot control the future. Far from playing God, attempting to control our genetic fate is ''playing human''—trying to improve the odds of doing well in an uncertain world of difficulty, threat and misfortune. Throwing up our hands and giving in to a sticky fate is hardly an admirable human trait, although some contemporary bioethicists seem paradoxically to extol it as virtue. I want to be the kind of human who lives longer and better, not shorter and badly.

Embryologists make these basic kinds of evaluation when they inspect in vitro fertilisation (IVF) embryos and select those whose gross morphology suggests that they are most likely to survive. Some embryos, they believe, are better than others. And when they are only going to transfer one from a batch of 10 or 12, they want the best—the one with the features predictive of the best chances of survival.

Survival and health are not the only states that make it more likely that we will achieve a better life. Buchanan *et al*[3] have introduced the concept of general-purpose means—that is, traits that are valuable no matter what kind of life a person leads. Here are some putative all-purpose goods:

- Intelligence
- Memory
- Self-discipline
- Impulse control
- Foresight
- Patience
- Sense of humour
- Sunny temperament
- Empathy, imagination, sympathy, fairness, honesty, and so on
- Capacity to live peaceably and socially with others

Parker's claim that Procreative Beneficence is underdetermining is not an objection to Procreative Beneficence but an objection to placing a value on life. I have, so far, granted his assumption that we cannot value lives. There is, however, a large body of literature and approaches to valuing lives.[4–6] To claim that we cannot evaluate life is to imply we cannot set priorities in health, research, social services and the distribution of limited resources. It is to imply that we

cannot say who has a better or worse life. But that seems radically wrong. We make these kinds of evaluations all the time, for ourselves, our children and others. Society is organised on the basis of such evaluations. We have hospitals because disease and injury are bad, not because they are good or because we are indifferent to them. Some people are held up as the paradigm of a good life, whereas others are said to have had a bad life. The concepts of virtues, strength of character and character flaws all represent characteristics, which our normative language represent as being good or bad—and the virtuous person is a desirable person to be.

It is important to remember that the alternative to selection is to leave the distribution of traits to chance. Is our ignorance of what makes a good life really so great (or our trust in some supernatural entity so strong) that we want to leave the distribution of such traits to chance? Surely we can do better than chance? Evolution has selected for the ability to survive long enough to reproduce. It is entirely indifferent to our well-being. Our environment has radically changed in the past 10 000 years and even in the past 100 years. Reproduction (and, indeed, our biology) is not adapted to producing children best suited to living a good and fulfilling life in these circumstances. But leading a good life is of great concern to most of us. If we can do better than evolution, we should not leave reproduction to chance and evolution.

As genetic tests multiply and more information becomes available about different embryos, it may be difficult to make a decision about which constellation of genetic states is best. Is it better to be more likely to be good at maths and abstract reasoning, self-absorbed with poor interpersonal skills or have a sunny temperament, optimism, good humour and good people skills? But we do not need to provide a precise cardinal ranking of all possible lives in order for the principle of Procreative Beneficence to be sufficiently determinative. Partial rankings may be possible. It may not be possible to say whether A is better than B, but it may be possible to say that A or B are better than C. This is enough to rationally reject C. There will be constellations of traits that will be inferior to others, and that is enough for Procreative Beneficence to be of value.

Parker raises the real case of Rachel, who is a carrier of spondyloepiphyseal dysplasia tarda (SEDT). She is undergoing IVF for infertility and wonders whether she should use preimplantation genetic diagnosis (PGD) to select embryos that do not have this condition. The condition causes males to be short in adult life. They have a short trunk and barrel shaped chest. Affected men tend to get some back and joint pain, and some osteoarthritis and restricted joint movement. In some, but not all cases, early hip replacement (eg, in the 30s) and pain management is required.

The answer to whether this woman should go on to have PGD is based in part, on the risks of PGD. With >1000 babies born after PGD, the risks appear minimal, although systematic follow-up is required. Let us assume that PGD is safe. She would then have a reason to test her embryos. This condition is a disability—resulting in stigma, pain and limited joint movement. Hip replacements are not perfect and cannot fully restore completely normal function. She should have PGD in this circumstance, at least in the sense that she has the most reason to use the test. She would be irrational in failing to have this test. How is Procreative Beneficence underdetermining in this case?

Sometimes it is objected that conditions like SEDT are not disabilities. In a subsequent paper,[7] I will argue for what I call a biopsychosocial construction of disability. A disability is any state of a person which:

(1) will reduce the goodness (value) of a life (disability in the intrinsic sense), in circumstances, C; and/or

(2) reduces the chances of a person realising a possible good life (disability in the instrumental sense), in circumstances in which the child will live, which we can call ''C''.

On this account of disability, SEDT is a disability because it makes it more difficult to achieve a good life. Importantly, circumstances C, constitute a complete relevant description of the world and other aspects of a person. They have biological, psychological, social and natural external constituents. Given the likely way in which society will be organised (and the way the natural world and people are likely to be), SEDT is likely to be a disability— that is, an impediment to the good life.

Parker claims that the concept of the best life is dependent on a cluster of other concepts—a good life, flourishing, well-being. However, these concepts are roughly the same. I never denied that the best life requires a conception of well-being. He goes on to claim that ''The reference to the Use of such concepts … highlights too the fact that their meaning and the nature of their interrelatedness are sustained and transformed within social practices.'' I am not entirely sure what this sentence means but if it means that how well our lives go depends on social practices, that is clearly true. What constitutes a disability depends on the context, on the way the world is. This has natural and social determinants. In the biopsychosocial conception of disability that I will offer,[7] a state of the person (biology or psychology) could constitute a disability depending on the environment, including social practices, and also depending on that person's other biological and psychological features. But the mere fact that what constitutes a disability is partly socially constructed, does not imply that we cannot evaluate some states as disabilities relative to environment, or select children on the basis of the way our society is likely to be.

Parker might alternatively mean that how we define what constitutes a good life varies over time. He might be appealing to a kind of cultural relativism about the good. Such relativism as an account of the good is highly suspect. Infibulation and child slavery are not good merely because some cultures approve of them.

Parker goes on to claim that ''it is an implication of this that the interpretation in relation to particular cases of the duty to have the best possible child is inseparable from intersubjectively and socially sustained discourses about human flourishing''. It may be true that the application of Procreative Beneficence requires a social discourse about human flourishing. It could also be true that what constitutes an ability or disability is partly socially constructed. However, it does not follow from these facts that Procreative Beneficence is underdetermining. I do not see how these arguments provide reason to doubt that the ''constellation of [these] concepts could be sufficiently robust to underpin a judgement in any particular case that what had been chosen was the ''best possible' life''. The only point that is of relevance in Parker's argument is that disability and well-being are context dependent. But the fact that growing up being blind might be an advantage in a world that suddenly darkens does not show that blindness is not a disability in our world and the way our world is likely to be. SEDT is a disability in the world as it is likely to be, given the natural and social constraints, and this provides a reason to prefer embryos that do not have the condition. I can see no ''good reason to doubt both the practical utility and theoretical coherence'' of Procreative Beneficence based on these arguments of Parker's.

Parker then adds another alleged reason to doubt whether Procreative Beneficence is of any use: ''it is extremely difficult in advance, and perhaps also even in retrospect, to say with any

certainty what it is, or was, that makes (or made) a life go well. Is it true, for example, that a life free of troubled interpersonal relationships, free of suffering, of loneliness or of misunderstanding is a better life, or even, taken as a whole, a *happier* life, than one in which experience of these to at least some degree has played a part? Is it true to say that the good life is the life free of any illness, disease or misfortune?''

Parker here raises the problem of prediction in the face of uncertainty. I have addressed this issue in my paper.[7] As I have argued here, when evaluating a state of biology, we are making an ex ante evaluation of whether that state constitutes a disability. Of course, we cannot know what will be the best life, but we should and do try to realise a good life for ourselves and others. The person who avoids any hard task or suffering, who is not prepared to commit to pain of relationships and so misses out on the goods of life, is just mistaken about what makes for a good life, and good may come of adversity. But a rational person would not choose to get cancer, unless there was a good reason to have it. A parent who intentionally inflicted deafness on his or her child, or failed to treat it, would be abusing the child. Either illness, disease and misfortune make for a better life or they do not—I do not hear any sane person seriously suggesting we should deliberately visit illness, disease or misfortune on people to help them live a better life. Indeed, it would be a crime to harm them so. It is a mistake to think that because life is unpredictable, and good can come out of bad, we should choose the bad, or be indifferent to it and allow it to occur. There is no difference, morally, between causing a harm and deliberately and avoidably allowing it to occur. Even if there is a difference, we should not allow harm to occur when we can easily and foreseeably avoid it.

Parker ''gestures'' towards a different formulation of Procreative Beneficence: ''it is reasonable to expect that the child they are thinking of conceiving is going to be born under conditions conducive to the possibility of a good life.'' This, indeed, might be a different formulation. Rather than adopting a maximising account, such as the one I have offered, we could construct a *threshold* account. What parents should aim at is having a child whose life is expected to be *good enough*. The correlate of this is that disabilities should only be avoided if they are *severe enough*. This threshold view might be what Parker means later when he states that ''what is being rejected here is only the pursuit of the best possible, not the pursuit of the good.''

This threshold account has some surface plausibility. But its plausibility is smuggled in from intuitions about the costs of attempting to maximise further, from the concept of opportunity costs. There is a good enough reason to accept when the costs of gaining more information or seeking other options are prohibitive. Thus, satisficing consequentialism (the view that we should choose an act the consequences of which are good enough) is a version of maximising consequentialism. But as I argued previously Procreative Beneficence provides one good reason for action.[1] It is not the only reason from which we might act. The interests of parents or reproducers also constitute reasons. Couples should not undergo IVF and its risks if the harms are significant and the additional benefits small. An older couple with diminishing fertility might have more reason to accept a fetus with a cleft lip than a young highly fertile couple who have no objections to termination of pregnancy. It might be irrational for a couple to discard an otherwise healthy embryo that had a mild predisposition to asthma and undergo a further cycle of IVF in an attempt to have a more healthy child.

However, when something better is costlessly available, or available at a cost that is less than the benefit, there is no reason to settle for good enough. Imagine I win a prize to stay at the French Riviera. I am offered a very good hotel. The tourist agency rings me back saying that I can exchange that hotel offer for another hotel that is excellent and better than the first. What reason can I have to refuse the offer? It might be that the first hotel is closer to the water or has better food or larger rooms. But this is just to question whether the second hotel really is better than the first. If it is equally close to the water, has equally good food and equally large rooms and also has a balcony, or a bidet, there is a reason to choose it.

In the same way, there is *no* reason for a person like Rachel who is already undergoing IVF not to select the best of the available embryos she has (assuming the test is safe). There is a reason in favour of the (apparently) normal embryo—that is, it does not have the genetic disorder and the concomitant disabilities. She might have a reason not to undergo further IVF if the risks are sufficient or the costs sufficiently high, even if say all the embryos in this batch are male and are affected by SEDT. But if she is already having IVF and PGD is safe, she should have PGD and select the best.

Now it may be that SEDT is sufficiently minor that it does not warrant undergoing IVF and PGD in cases of normal fertility for the purposes of selecting a disease-free embryo. That is a more difficult question, which depends on the risks of IVF and the couple's attitudes to those risks and a child with disability, and their other circumstances.

One upshot is that couples having PGD for any reason should glean as much information as possible from that test and utilise it in selection decisions. If a person is having PGD to exclude a genetic disorder such as cystic fibrosis, they should also undergo chromosomal analysis. If a person is being screened for a major genetic disease, they should also be screened for all genetic abnormalities and obtain whatever genetic information that can be retrieved (subject to the constraints of further harm or cost) has a probabilistic relationship with the good life. So, if you can easily find out the expected height of your child, or range of intelligence, or some aspect of musical or athletic potential when looking for genetic disease, you have a reason to peek into the genome and make a decision about which of your embryos has, overall, the best genetic endowment, of those that are being considered for transfer.

(2) Light, dark and the mingled yarn: the concept of the ''best possible child'' is ''paradoxical''

In discussing Procreative Beneficence, it is important to separate two very different questions:

(1) what constitutes a good life (or the best life)?

(2) should we select an individual that is expected to have better prospects of a better life?

I have not committed myself to any particular substantive conception of the good life. That is a complex question as old as philosophy itself. I believe the best life is a life of objectively worthwhile activity that provides pleasure and is desired.

Parker argues:

> ''In *All's well that ends well*, Shakespeare has a minor character speak the following lines, ''The web of our life is of mingled yarn, good and ill together; our virtues would be proud if our faults whipp'd them not, and our crimes would despair if they were not cherish'd by our virtues.''
> In this, Shakespeare is not simply reminding us that human lives are by their very nature characterised by both good and ill, and that we must learn to live with these aspects of ourselves and of those around us. He makes the stronger and ultimately more interesting claim that both strengths *and weaknesses* of character and of our

> lives more broadly, are essential and interdependent elements of the good life. Both aspects of our lives are interwoven and, indeed, it is this interweaving and our struggles with it that make us what we are and constitutes in its interplay of light and dark, much that is of value and significance in human existence.

This echoes claims made by the President's Council in *Beyond therapy* on the value of suffering.

> Traumatic memories, shame, and guilt, are, it is true, psychic pains. In extreme doses, they can be crippling. Yet, short of the extreme, they can also be helpful and fitting. They are appropriate responses to horror, disgraceful conduct, injustice, and sin, and, as such, help teach us to avoid them or fight against them in the future.[8](p. 298)
>
> … there appears to be a connection between the possibility of feeling deep unhappiness and the prospects for achieving genuine happiness. If one cannot grieve, one has not truly loved. To be capable of aspiration, one must know and feel lack.[8](p. 299)

Let us assume that the best life requires what Parker describes, after Shakespeare, as light and dark. Fine. Then we should select the right balance. Some have a lot of light and no dark; others are all dark. The issue is whether we should accept what nature delivers up or make a choice. If we believe that it is better for people to have some weaknesses, we had better choose embryos that have some weaknesses. Parker simply denies this without argument, ''This is not to say that the best possible life would be one in which a certain number of character flaws were ''thrown into the mix''—for example, through preimplantation genetic diagnosis.'' But why not? Parker asserts this without argument.

I believe it is perverse to suggest that we should allow biology, psychology or social situations to cause ill to people. It is like saying that we cannot have a happy or a good relationship without arguments. Arguments may occur, or they may be necessary to resolve disagreements, but an otherwise perfectly happy couple should not start to argue, just to have a mingled yarn.

Life will be a mingled yarn because of the unpredictable and uncontrollable nature of nature and life in general. People will necessarily face adversity and difficulty. And the pursuit of self-interest will always cause harm to others. If, magically, we could remove the possibility of every natural disaster, every human conflict, every human disease and make people instantly and perfectly happy, the question of how much ill they should experience might arise. But with the world as it is and is likely to be even in the face of greater technological control, there will still remain plenty of meat of adversity, bad luck and human suffering to get our teeth into.

Parker conflates the two questions outlined above. His point is not about whether we should select, but about what constitutes a good life. Another possible interpretation of the light, dark and mingled yarn argument is that it is constitutive of a good life to accept what nature delivers. This is like Sandel's[9] claim that enhancement is wrong because we must be ''open to the unbidden''. We must remain open to the mystery of life, which inevitably contains good and ill, and not seek to control every aspect of life. Again, plenty of mystery will remain even if we seek to improve our biological, psychological and social circumstances to make our lives go well. One can choose to go to a good play rather than a poor one, and still experience the mystery of events as they unfold.

Moreover, insofar as this objection has any force (which is, I think, minimal in the predominantly uncontrollable world of hurricanes, tsunamis, volcanic eruptions, and human choice and evil), it has no force when it comes to selection rather than enhancement decisions. When selecting among embryos, one is simply selecting from what nature has created, rather than allowing nature or chance to decide which embryo is implanted. Since nature rarely, if ever, creates a perfect embryo (all of us have 3–5 recessive mutations and countless genetic flaws), this version of the mingled yarn objection does not apply to selection. Embryos, even the best of the bunch, will be a mix of good and ill.

If one believes in accepting all sorts of uncertainties, like the Dice Man,[10] one option would be not to choose—not to have the embryos diagnosed, or to roll a dice even if the diagnosis is already known and leave it to chance. Such an approach was disastrous for the Dice Man. We should not be Dice Men, maximally open to the unbidden.

(3) Self-defeating

Parker claims it is self-defeating to attempt to choose the best possible child. This is a familiar objection to consequentialism, which has been much discussed in the literature. It is related to Sandel's[9] objection that enhancement can result in parents being overbearing in trying to realise their child's enhanced talents and ultimately constrain that child's life.[9]

I fail to see how the self-defeating objection can apply to our biological and psychological potential and abilities. How can the capacity to remember things better, run faster or cope with psychological distress better imply that one is less likely to achieve the good life? It may be self-defeating *in some circumstances* to aim directly at achieving the good, but it is surely sensible to aim directly at achieving the potential to be able to realise the good. No one suggests it is self-defeating to try to provide a good education to our children because it is self-defeating to directly aim for the good. If it is not self-defeating to alter the educational environment to maximise our children's potential and opportunities, why is it self-defeating to more directly intervene in their psychology or biology?

It is plausible that, sometimes, it is self-defeating to directly aim for the goods in life, such as friendship.[11] Sometimes, hard work, difficult relationships and delayed gratification are necessary to achieve the greatest goods. But how friendly and amiable we are, how hard we can work, whether we can delay gratification and even our sense of fairness have some biological basis.[12 13] In so far as these are necessary for the good life, we can select embryos that have greater potential to (indirectly) pursue the good life.

(4) Overly individualistic, social effects and the public interest

Parker claims that Procreative Beneficence is overly individualistic. This again is an objection to how we should conceive of a good life, and the factors which make for a good life, and not about selecting a child who is expected to have the best chance of the best life. I have not denied that our good is context dependent and that social and political factors influence how well our lives go. This is not an objection to Procreative Beneficence—it is an objection to a version I did not offer.

There is a real sense, not alluded to by Parker, in which Procreative Beneficence is too individualistic. In some cases,[10] choosing the child who has the best life will harm others. Say, for example, a person is very manipulative, charismatic and dominating. Some great leaders may have been like this. It is plausible that their lives could go very well while those around them suffer. Bioconservatives standardly oppose selection for high intelligence because they claim that this is a largely positional good (I disagree) and that other less intelligent people are harmed. de Melo-Martin raises a version of this objection in relation to physical strength, which she believes is a positional good, and argues that procreative beneficence would be self-defeating.[14] It

would be self-defeating, and also be harmful due to waste of resources that are necessary to bring about zero benefits. She goes on to argue that, especially if only available on an ability to pay basis, selecting the best children would increase inequality and injustice.[14](pp 81–2)

It is plausible that their lives could go very well while those around them suffer. There may be legitimate public interest grounds for interfering in reproduction and procreative liberty when that interest is also in accord with Procreative Beneficence. For example, I argued that in certain rare and extreme cases, couples could be coerced to have children who are free of a strong genetic predisposition to violent crimes.[15] The public interest is a rare although legitimate ground for interference in procreative liberty.

The issue of positional goods is a difficult one that I cannot address fully. I will make several brief points.

First, in the case of selection (but not some kinds of enhancement), we are only choosing between possible lives that could have existed. Natural inequality exists—some people are born naturally smarter than others. Allowing selection would, in one sense, only level up. It would reduce inequality, especially if cheap and affordable.

Second, some kinds of inequality are tolerable. Just because we cannot make everyone live longer or be healthier does not imply that we should not make some people live longer and healthier lives. If this applies to length of life and health, it also applies to what ultimately matters: well-being. Length of life and health are only valuable insofar as they contribute to our well-being.

Third, when we withhold choice from a couple, we are responsible for the outcome, even if nature delivers it. When we knowingly and avoidably decide to prevent people from avoiding the natural lottery, we are responsible for its results. So the case of withholding selection resulting in a child with worse prospects (for the public interest) is morally equivalent to the case of forcing parents to have a child with worse prospects (for the public interest). We would all recoil from a proposition that, because there are too few people to do unpleasant and unprestigious jobs, natural selection be used to ensure that some parents have children with lower capacities but sunny dispositions who would be happy in these jobs. The decision to have a child with less than the best prospects in the public interest (even if indirectly through the intentional use of the natural lottery rather than deliberate selection) must be a last resort, if it is a resort at all.

Fouth, the objection that the use of technology to select better children will increase inequality because it will only be available to the rich is a distraction. It is not an objection to Procreative Beneficence. If the benefits are important, they should be freely available. And if they are not, this is really a question of how far individuals can use personal wealth to advance their own and their children's opportunities and welfare. The same objection applies to the purchase of many biological, psychological and social advantages. It is the same objection that applies to the purchase of better healthcare, education, technology and jobs for our children.

How we treat people is logically and practically independent of what set of biological, psychological and social capacities and opportunities they are born with. Because somebody is born with a lower IQ, lower impulse control or is less attractive (whether or not these result from natural or genetic selection), does not dictate how these people are treated. That is our choice and a matter for the social policies and laws that we introduce. Natural inequality exists and we require social institutions to ensure that everyone has a fair go, a good enough chance of a good life. The same applies to a world of selection.

FINAL REMARKS

Parker closes by suggesting that ''where health professionals have concerns about the quality of the life being created, such as— for example, in Rachel's case above, it will be incumbent upon them to help potential parents to think carefully about the life they are about to create. The health professionals involved will have obligations to encourage people to reflect on their choices, to give reasons, and to debate with them the moral dimensions of their choices''. I suggested this precisely 10 years ago in relation to the doctor–patient relationship.[16] In the reproductive sphere, we require a similar dialogue about the context of a reproductive decision and about the options and what makes for the best life in that context. There might be circumstances in which there is most reason to have a child with what appears to be a disability. But these will be rare. Although it may be mysterious what makes the best life, it is not so puzzling or intersubjective what constitutes an ability, a talent, a potential or an opportunity. Just as we seek to select healthy children rather than those with predispositions to disease, we should also select children with abilities rather than disabilities. There are reasons to select the best child, even if in the light of such reasons and arguments presented to them, parents should be free to select or have less than the best child.[17]

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